



Quarternote Counseling, LLC
9255 Center Street, Suite 200
Manassas, Virginia 20110
(O) 703-675-5361 (F) 703-361-1540

CREDIT CARD AUTHORIZATION FORM

CLIENT INFORMATION

Client Name: _____ Client Date of Birth: _____

CARD INFORMATION

Cardholder name as it appears on card: _____

Address: _____ Apt/Unit # _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Cardholder's relationship to Client: _____

Card Type: VISA MASTERCARD DISCOVER AMEX

Last 4 digits of card number: _____ Card expiration date _____/_____

CARDHOLDER AGREEMENT: By signing below you confirm that the credit/debit card information provided above is associated with a credit/debit card issued to you and you are the "cardholder" of this card. You acknowledge and are aware that this card will be stored on file electronically by Quarternote Counseling, LLC. You are aware and agree that this payment method will be used to collect payments due from you/the client as required by your/their insurance company per benefit guidelines and/or any applicable fees in place within the Quarternote Financial Policies/Self-Pay Agreement/Sliding Scale form. These fees include but are not limited to short-notice cancellations and/or appointment no-shows. You acknowledge that, in some instances, Quarternote Counseling may need to process a payment on this card on a day in which you/the client are/is not physically present in our office and in these instances Quarternote Counseling staff will attempt to contact you to alert of the impending charge. You further acknowledge that your signature below permits Quarternote Counseling staff to process said charge(s) using the card being stored on file regardless of whether contact was made with you by our practice as referenced above. You acknowledge and are aware that this card will continue to be stored electronically for the duration of your/the client's treatment with our practice unless you exercise your right to terminate this Authorization in full via written request to Quarternote Counseling, LLC at any time, for any reason. Written termination requests should be mailed to the practice at the address

above. The termination of an existing Authorization will neither affect nor reverse any previously completed transactions but will terminate the authorization of the card use effective on the date Quarternote Counseling, LLC receives your written termination request.

Printed Name of Cardholder: _____

Signature of Cardholder: _____

Date: _____